## PART B - FEE(S) TRANSMITTAE

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents Alexandria, Virginia 22313-1450 or Fax (703) 746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 09/08/2003

Liniak, Berenato, Longacre & White, LI

Ste. 240

6550 Rock Spring Drive Bethesda, MD 20817



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/032 716	01/02/2002	Rainh A Martino	6240 343	5056

TITLE OF INVENTION: REFORMED MEDIUM DENSITY FIBER BOARD PRODUCTS, SUCH AS DOOR SKINS, AND A PROCESS FOR REFORMING MEDIUM DENSITY FIBER BOARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$ <del>1300</del>	1330	\$300	-31600 1430.00	12/08/2003
EXAMINER		ART UNIT		CLASS-SUBCLASS	۱ ' ۱	
COLE, ELIZABETH M				264-112000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY	R COUNTRY)				
MDF, Inc.	•	Tampa, FI	ı				
Please check the appropriate assig	gnee category or categories	s (will not be printed on the patent);	individual	XX corporation or other private group entity	(2) government		
4a. The following fee(s) are enclo	sed:	4b. Payment of Fee(s):	<del></del> -				
XXIssue Fee		XX check in the amount of the fee(s) is enclosed.					
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(Authorized Signature)	$\Box$	(Date) 12/08/20	03				
Joseph W. Ber	nato. III.	Reg. No. 30,546					

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12/10/2003 DEMMANU2 00000084 10032716

01 FC:1501 1330.00 OP 300.00 DP 02 FC:1504 03 FC:8001 6.00 OP